

## Investigation of Child Molest and Sex Cases

Friday, October 19, 2007

Holiday Inn Select – Airport

### TOPICS & FACULTY:

- ☐ Frame by Frame Analysis of Discovery
- ☐ Investigating the Investigator
- ☐ Investigating the Alleged Victim
- ☐ 21<sup>st</sup> Century Tools for Truth Seeking: subpoenas for MySpace, Facebook, MyJournal, and cell phone call, text and location records.
- ☐ Defending Internet Sex Solicitation Cases

### Faculty:

- ❖ Mark Murnan, CCDI, CFE, Legislative Chair, Florida Association of Licensed Investigators, author “Defending Against Sexual Abuse Claims,” PI Magazine, December, 2006.
- ❖ Kevin McClain, CCDI, and Marty Perkins, retired Indiana State Police detective.

**CLE:** Six continuing legal education hours

No registering over the phone. Mail or fax only.  
Visa and MasterCard are accepted.

• DATE • PRICE • PLACE •

**Time:** 9:00 a.m. to 5:00 p.m. (lunch and breaks will be provided)

**Fees:** Public Defenders **\$90 by October 5; after October 5 - \$115; at the door - \$140**  
Criminal Defense lawyers (*new fees*) **\$150 by October 5; after October 5- \$175; at the door - \$200**  
Non-Attorneys: **\$65 by October 5; after October 5 - \$90; at the door - \$115**  
New Attorneys (*passed the bar in 2005*) **\$45 by October 5; after October 5 - \$70**

**Deadline for cancellation refund is October 8.**

**Place: Holiday Inn Select - Airport  
2501 S. High School Road  
Indianapolis, IN 46241  
(317)244-6861 (Free Parking)**

- ☐ The guaranteed room rate is \$93.00/king and double. You need to reserve your room by **6:00 p.m. on Thursday, September 20 at 317-244-6861.**
- ☐ This special room rate is for **Thursday (10/18) only.**
- ☐ Please inform the reservationist that you are with the **Public Defender Council** when making your reservation.
- ☐ If you have any problems, please contact Teresa Campbell or JoAnn Pickett at (317) 232-2490.
- ☐ Check the website for up-to-date information.  
[www.state.in.us/pdc/general/calendar.html](http://www.state.in.us/pdc/general/calendar.html)

Investigation of Child Molest

*Please cut here and return bottom portion with check*

**Friday, October 19, 2007**

Name: \_\_\_\_\_ Attorney Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Are you a vegetarian? \_\_ Yes \_\_ No

(If licensed in another state): # \_\_\_\_\_ State: \_\_\_\_\_

Credit Card VISA OR MC \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV Code \_\_\_\_\_

Billing Address \_\_\_\_\_

**Check one:** ☐ I certify that I am a criminal defense attorney ☐ or a criminal defense investigator.

\_\_\_\_\_  
*Signature*

How long have you been a criminal defense attorney or investigator? \_\_\_\_\_

**Mail this form to:**

Indiana Public Defender Council  
ATTN: CM REGISTRAR  
309 W. Washington, Ste. 401  
Indianapolis, IN 46204-2725  
Or Fax to: (317) 232-5524